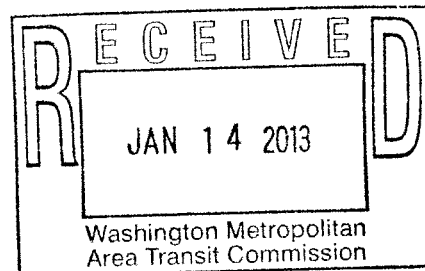


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1008 | Prestige Limousine L.L.C.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

5314 New Church Court		Fairfax	VA	22032-2913
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(703) 278-8000	(703) 978-4525
*Telephone	Fax

Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

		PC 600	3194
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Rory J. Kelly	Representative
*Name	*Title

(703) 278-8000	(703) 978-4525
*Telephone	Fax

Other Telephone	Fax	E-mail	

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Rory J. Kelly  
\*Name (type or print)

RJK  
\*Signature

OWNER  
\*Title (not required for sole proprietors)

11/6/2013  
\*Date

WMATC No: 1008

## Washington Metropolitan Area Transit Commission

## 2012 Annual Report: Revenue Vehicle List

Name: Prestige Limousine L.L.C.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

☒ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity	*Wheelchair Lift or Ramp Y/N
1	2006	Lincoln	1L1FM88W46Y603353	H514608	VA	9	
2	2006	Lincoln	1L1FM88W96Y641712	H509969	VA	9	
3	2007	Lincoln	1LNHM84W67Y608133	H512979	VA	6	